

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO

APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1	1	1				51								
2				1			52								
3		1		1			53								
4		3		3			54								
5		3		3			55								
6	1		1				56								
7		1		1			57								
8		2		2			58								
9							59								
10							60								
11							61								
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42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	2		2				TOTAL IND.								
TOTAL DEP.	11		11				TOTAL DEP.								
TOTAL CLAIMS	13		13				TOTAL CLAIMS								